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ABSTRACT

This paper begins by outlining four aims of the U.N. Convention on the Rights of the Child, namely: (1) to create developmental environments which facilitate interaction between adults and children; (2) to develop adults' sensitivity for children and to increase their level of knowledge of the young child's needs; (3) to give adults the ability to provide for children's developmental needs in situations of extreme adversity; and (4) to develop the structure of institutions that serve children. After a discussion of theoretical issues relating to children's attachments and adult-child relationships, the paper examines a type of intervention program designed to facilitate caregiver-child interactions. In this intervention, caregiver-child interactions are videotaped. The videotape recordings are then viewed by the caregiver and a professional instructor or psychologist in order to improve the interactions between the caregiver and child. An example of such an intervention, implemented in Jordan and reported in 1991, is described in an appendix which analyzes the children's problems that the intervention attempted to address, lists the short- and long-term goals of the intervention as well as the steps involved in the intervention, and reports the results of the intervention. (Contains 23 references.) (MM)

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INTERACTION BETWEEN INFANTS AND ADULTS, A NECESSARY MEANS FOR PROMOTING THE DEVELOPMENT OF A CHILD.

Intervention in adult-infant interaction and communication in institutions and in families

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presented by Kerstin Bäckström at the 20th World Congress of OMEP, the World Organization of Early Childhood Education, August 5, 1992, Arizona.

Background:

In the UN Convention on the Rights of the Child, the situation and the living conditions of children of all the world are being focused. It does involve special obligations concerning infants and young children in families with social and/or economic problems as well as children in children's homes. For both the lacking of stimulation has had the consequence that these children have not developed properly.

In the western countries normally the children's homes have been abandoned. There exists a belief that infants and young children in children's homes do not exist. However, especially in the eastern part of Europe and in the developing countries a great number of children do live in children's homes.

A children's home is here defined as an institution where orphants or children with parents, who for a variety of reasons do not want to or are not able to take care of their child, live.

The obligations of the Convention are that:
* the best interests of the child has always to be taken into account (article 3),
* both parents have always common responsibility for the upbringing and development of the child(article 18),
* a parentless child shall be entitled to special protection and assistance (article 20),
* a child who has been placed shall be entitled to a periodic review of the treatment provided to the child (article 25),
* each child has the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development (article 27).

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Aims:

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* To create a developmental and stimulating environment where interaction between adults and children is possible.

* To develop the sensitivity for the child within adults and increase the level of knowledge on the needs and development of infants and young children.

* To assist the adults in order for them to be able to function in a way which provides the development of a child also in situations of severe circumstances (starvation, extreme poverty, war, catastrofies, sickness, unemployment, depression etc), where the adults have special difficulties to get access to their capacity.

* To develop the structure of institutions for children,

Theoretical frame of reference:

Basic theory

For a long time it has been known that infants do not develop without loving care and stimulation from adults. Among institutionalized infants a high incidence of developmental delays, depression marasmus and retarded cognitive development was found (Goldfarb,1943; Spitz, 1945). Today most deprived infants and/or infants with "Failure to thrive" are found in institutions and families living in environments with social and economic problems (Rutter 1979). But problems are also found in environments with more personal or economic resources (Palmérus, 1988, 1990;).

From a review of recent child development research (Osofsky,J. 1989), we now know how competent a newborn child is in many respects. Today we believe that from birth, infants have the capacity to experience the world around them, as well as the capacity to adapt to the environment.
Attachment theory and its underlying developmental model provide a theoretical framework in which interventions in early infancy can be embedded. Most research has studied mother-infant interaction, but as there are lots of children who have to grow up without their mothers, research results must be used to help both parents and staff to organize and to learn how to care for the children in the best way for their personality development.

An adult-child relationship contains many aspects. Bowlby has already pointed out (1982, p 378) that besides the caregiving/attachment aspect there are other aspects, such as feeding/being fed, being playmates, and that of teacher/learner. However, for personality development in terms of emotional stability, self reliance, and supportive care the caregiving/attachment aspect of the adult-child relationship seems to be most important.

Attachment could be seen as an organizational construct to integrate and understand a person's behavioural strategies (Sroufe & Waters 1977). Early attachment related experiences become eventually transformed into inner representations and

have predictive implications for later interpersonal experiences (Bowlby, 1973).

In order to develop, the child requires not only fulfilment of its biological needs, but also an adult who shows continuity, sensitivity and responsiveness towards it (Emde,Sameroff,1988). The concept of sensitivity is defined as the caregiver's ability and willingness to perceive the infant's communications as reflected in his behaviour, emotional expression and vocalizations, see and interprete them from the infants point of view (Ainsworth et al., 1974, 1978). A sensitive caregiver allows the infant to express his emotions freely and supports his communicative skills by responding to them promptly and appropriately. This fosters the development of secure attachment and liberates and enables autonomy (Grossmann, et al., 1985). Sensitive responsiveness could be described as the degree to which a caregiver follows through on an infant's signals. Both the child's skill in signalling as well as the caregiver's readiness to respond are important. Measures of maternal responsiveness is found to be positively and highly correlated with the development of communication during the last quarter of the first year (Main, Kaplan, Cassidy, 1985).

The effect of the adult-infant interaction is extra important in periods of rapid development. According to research results secure children develop positive behaviour (Bretherton, I. 1987). Secure children often have sensitive and responsive caregivers. Insensitive caretakers get either anxious or avoidant infants. These adults often are rejecting, reacting rerely or not at all on the needs of the children.

Today attachment research suggest that quality of social-emotional communication may serve as a link between differnt processes or perspectives (Grossman, K, Fremmer-Bombick, Rudolph,Grossman, K.E. 1988) the first aims at an understanding of the intricicate interplay of an attachment figure's role in organizing emotional and behavioural responses in infants and how and why it is transmitted to the next generation. The second perspective deals with the nature of internal working models and how they are shown behaviourally at various ages. Research on internal models suggest, that changing an insecure attachment model into a secure one is possible (Stern, Cramer, Robert-Tissot,1989; Zeanah,Barton,1989). Earlier experiences may be of different kind. More important than the type and value of the experience is the interpretation of them (Bretherton,1987). To understand why the early relations turned out as they did, could be a base for own positive relationforming and attachment (Crowellet al 1988).

Studies (Bretherton,1987) indicate that a child's having had a person to whome he has beed attached can make an enormous difference in his ability to believe in himself and overcome adversity. Before the emergence of spoken language the infants have learned different functions of social-emotional communication within a relationship, whether it serves as means to elicit support and comfort from the attachment figure, or

whether communication of distress is discouraged or ignored by the adult. These very early communication patterns have meaning for the child's future relationships and his image of himself as worthy of love and support. The early attachment related communicative style seems to become a part of the individual personality (Grossman,K.,1989).

To act in a constructive way, the staff and/or parent need to have the three dimensions responsiveness, engagement and control in their behaviour repertoir. Infant's need of care, sensory experiences and selfassertiveness demand able and active adults. The younger the child the more important the adult. In interactions characterized of high quality the infant often is initiating the interaction, the adult is listening, commenting and clarifying, thereby helping the infant understand and manipulate his environment (Palmérus, Pramling 1991; Clark-Seifer 1983).

Intervention program

Parents as well as staff working with infants may have too insufficient methods in their behaviour in order to be able to create developmental and stimulating interaction with infants. Knowledge about infant development and awareness of own internal models are important factors for the ability to be sensitive and responsive to the needs of infants.

In order to facilitate interaction between adults and children in institutions, an organization with family like systems with one or two resposible caregivers have been tried out in Jordania (Åberg,B.1991), Appendix 1. According to the results both the authorities and the personnel are totally in favour of rearranging all groups in every children's home into family groups. (The work of change in Jordania has been documented in a videogram).

Often intervention methods have used other persons as models. By observing the model's interaction, stimulation and interpretation of the child's behaviour, adults are supposed to change their behaviour. The problem is that, as the selfimage or internal model controls the behaviour, a model which succeeds in interaction with the child, will increase the feeling of inferiority of the adult. The ability of the model is acknowledging the adult's own disability. Because of these facts, we will minimize the use of models.

In videorecorded films the caregiver can be her own model (Palmérus et al 1991). To act in front of a camera increases the possibility of positive behaviour from the adult. A good circle is created and by analyzing the film together with the intervention person positive behaviour is reinforced. When looling at the film it is possible to find out what happened and study the child's signals before the cry or the laughter, and learn about the behaviour of the child. The recordings are done in a wellknown environment and only positive behaviour is discussed.

By this method the adults will both increase their sensitivity to infants, and get access to recent knowledge about the development of children.

Concerning sensitivity, this includes attitudes but also patterns of behaviour and possibility to register the signals from children (Clark-Seifer 1983). A change in the pattern of behaviour in caretaking is a complex process which demands reflection on the content of one´s own pattern of behaviour, an understanding of one´s own attitudes and how one´s own role is perceived. This can be called familiarity knowledge. In order to get access to this kind of knowledge a learning situation involving reflection, instruction and feed-back is needed.

The point behind our reasoning is that their exists a potential for development within caregivers at children´s homes as well as within parents. It is a matter of enticing everything that actually exists within these people but does not show.

Method

Via the forming of networks, where firstly a small group of adults learns about their children, secondly receives instruction combined with a positive feed-back of their behaviour and thirdly in discussions with professional instructors gets the possibility to reflect about the interaction-quality between the children and the adults, this familiarity knowledge can be achieved.

This is easiest done by studying videorecordings of normal situations but can also be done after observations by the instructor. As an observation or a videorecording maximizes the positive behaviour of the adult, there are possibilities to transform the selfimage of the adult to a capable person and strengthen positive patterns of behaviour. Viewing own positive behaviour makes the adults grow in a positive way during the process.

The practical implementation can be that the experts get access to a children´s home in a country which wants to work according to this method. During some days videorecordings are to be done of the interaction between adults and children in the children´s home. These are to be followed by seminars, where feed-back and reflection about the patterns of behaviour mixed with submitting knowledge on interaction and the development of children take place. During a time period of 2 to 3 weeks staff and psychologists of the country are to practice and reflect respectively about the experiences. After this period the experts come back. A series of videorecordings and instructing seminars are needed in order for the process of change to be able to take place. Referring to experiences rather much happens during a very short period of time and to a relatively low level of costs.

By creating a pilot-group consisting of the staff of the children´s home that has been videorecorded and some of the country´s own psychologists a rapid and efficient implementation of the ideas can be carried through. This pilot-

group then can act as experts at the following level and the knowledge and patterns of bahaviour are spread as rings on the water.

By working with a group of psychologists and staff from a children´s home these people then can submit the knowledge not only to other institutions but also to parents. The method takes cultural variations in behaviour for supportive care into account. The idea is not to introduce patterns of behaviour implied by western culture, but to use and strengthen the stimulating and developing patterns of behaviour which occur under optimal situations within the culture in focus.

This design will make further expansion of the project possible. If sufficient funding is raised, implementation in different cultural surroundings in families or children´s homes could follow.

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Appendix 1.

WORK OF CHANGE IN A CHILDREN'S HOME IN JORDANIA
from a report by Birgitta Äberg, Rädda Barnen, Sweden.

IDENTIFICATION AND ANALYSIS OF THE PROBLEM:

The children:

- Children died without any medical explanation. They did not benefit from the well composed food that they got, which had the consequence that they lost catastrophically in weight.

- The children were lying in their beds rolling or were standing rocking in their beds.

- Amongst the children considered being mentally retarded, many of those instead were emotionally disturbed.

- The older children were at least one year behind in their development.

- The older children had no feeling at all to whom they belonged. They called anybody "mummy", climbed at anybody entering the room even if they had never before seen the person.

- The children had no possessions of their own, not even a bed of their own, they were treated as a group and never as individuals.

- The children were grouped in different groups according to age.

- The children were cared by different persons. They changed rooms/homes five times during their first three years of life. This didn't even give them a possibility to feel security in the room or in the bed.

- The children switched rooms according to their age, most often the children switched rooms every six months. This had the consequence that the child never got the chance to get emotionally close to anybody.

- The personnel worked in different groups each day, with the consequence that they met new children every day.

The conclusion was that the lacking of a primary care-giver was the most profound reason for the way that the children acted.

The staff:

- The work at the children's home was considered by the staff itself to be a work, to which the women came as a last way out.

- The women went to their work only for the reason that the family needed the income.

- The consequence of the above meant that the motivation for the work was very low.

- The staff had got a very bad selfesteem.

- Engagemenat in work and enjoying the work was very rare.

- The salaries were low, even for being this country.

GOALS FOR THE WORK OF CHANGE

In a short time perspective:

- Trying to do something directly for the children.

- Trying to achieve the confidence of the personnel.

- Trying to establish self-esteem as professionals among the staff.

- Educating the staff by teaching and discussions.

In a long time perspective:

- Affect the people responsible. Education, creating of opinion.

- Trying to achieve an organisatory change, by placing the children in family groups with one or two responsible care-givers.

- Trying to create family-like systems in all institutions in the country.

- Trying to change the attitudes towards small children born out of wedlock.

- Reuniting the children, who have a family, with the family.

- As a long term goal no children should have to grow up in a children's home.

IMMEDIATE STEPS IN ORDER TO CREATE A CHANGE

- Educating the personnel on the needs of small children.

- Strengthening the selfesteem of the personnel in order to persuade them to take own initiatives.

- Encouraging the personnel to look upon each child as an individual of its own.

- Creating a family-like athmosphere for the children, where each child hopefully would be treated as an individual of its own.

- Starting a family-like group within the existing system in order to prove that the possibilities for a change exist.

RESULTS

The process of change takes a long time, considering the staff.

When this process is ready though, meaning establishing self-reliance among the staff having discussions, giving education on the needs of children etc, the change for the children is easily carried through.

After four months with the children arranged in family groups children earlier deeply depressed are curious and active in play and social situations, older girls e g feed infants and take them out to play etc.

The staff in the evaluation of the project has reported that they realized that:

- the care for infants within the family project is easier than anticipated,
- the number of infants in each family group can be 2 or 3,
- giving priority to integrate infants into family groups is important as the institutiional system has a very negative effect on the infant's life,
- if infants start living in a family athmosphere they easily and quickly benefit by developing.

The staff enjoys work.

Both the authorities and the staff are totally in favour of rearranging all groups in every children's home into family groups.